## Indiana State Police Methamphetamine Laboratory Occurrence Report This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date:	<u>03/07/20</u> 09	Address:	<u>CR 710 S</u>
Case #:	34F34989		Reo, IN
County:	Spencer		<del></del> .
Type of Laboratory Seizure (check one)		Seizure Location (check all that apply)	
Chemic	onal Lab al/Glassware/Equipment (only) te (only)	Residence Outbuilding Vehicle	☐ Hotel/Motel ☐ Open – No Structure ☐ Other:
(check all th ☐ Lithium ☐ Red Pho ☐ Flamma ☐ Water R ☐ Anhydro ☐ Hydrock ☐ Corrosiv	at apply) /Ammonia Reaction(s): esphorous/Iodine Reaction(s): ble Solvents: teactive Metal (Lithium): ous Ammonia: Open nloric Acid Gas Generator(s): //e Base: //e Base: fem and location):	<u>r, etc)</u>	
☐ Yes _ ⊠ No	er age 18 discovered (check one) (number present)  port to Child Protective Services	☐ Ephedrin ☐ Retail/Me	e <b>Information</b> e/Pseudoephedrine Tracking Log erchant Tip iminal Investigation
This report is to be faxed to the following agencies that serve the location:			
Fire Departs	ment: Ohio Township	Fax:	-10 <0.17
Health Department: Spencer Co		Fax: <u>812-6</u> Fax: <u>812-6</u>	
Child Protec	etion Service: Spencer Co		
For further information regarding this methamphetamine laboratory, contact Investigating Officer: Jim Taggert Phone 812-649-2286			

This form is to be included with the case file, and a copy sent to the Clandestine Laboratory Team Leader for retention.

This form is to be faxed to the Fire Department, Health Department and/or Child Protective Services Department listed within 24 hours of scene processing.